

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #
--------------------	-------------------

10/519017

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input checked="" type="checkbox"/> Other				\$ 150
		7 TOTAL AMOUNT OF REFUND	\$ 150	

8 TO BE REFUNDED BY:

10 REASON:	Treasury Check							
<input checked="" type="checkbox"/> Overpayment	Credit Deposit A/C #:							
<input type="checkbox"/> Duplicate Payment	9 <table border="1" style="display: inline-table;"><tr><td>1</td><td>9</td><td>-</td><td>4</td><td>5</td><td>1</td><td>2</td></tr></table>	1	9	-	4	5	1	2
1	9	-	4	5	1	2		
11 No Fee Due (Explanation):								

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: National Appeals TITLE: _____

SIGNATURE: National Stage Processing PHONE: _____

OFFICE: (703) 365-6421 *****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: